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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/606,501 (Conf. #6284)

Filing Date

26 June 2003

First Named Inventor

Janice A. JERDAN

Art Unit

1618

Examiner Name

Fay, Z.

28

Attorney Docket Number

2422 US

ENCLOSURES (Check all that apply) Fee Transmittal Form Drawing(s) After Allowance Communication to TC Fee Attached Licensing-related Papers Appeal Communication to Board of Appeals and Interferences Amendment/Reply Petition Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) After Final Petition to Convert to a Provisional Application Proprietary Information Affidavits/declaration(s) Power of Attorney, Revocation Status Letter Extension of Time Request Change of Correspondence Address Other Enclosure(s) (please identify below): Express Abandonment Request Terminal Disclaimer

Return Card

 Information Disclosure Statement Request for Refund Certified Copy of Priority Document(s) CD, Number of CD(s) _____ Reply to Missing Parts/ Incomplete Application Landscape Table on CD Reply to Missing Parts under 37 CFR 1.52 or 1.53

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Alcon Research, Ltd.

Signature

Printed name

Teresa J. Schultz

Date

3 June 06

Reg. No.

40,526

CERTIFICATE OF TRANSMISSION/MAILING EXPRESS MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

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Barbara McKenzie

Date

13 June 2006

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JUN 13 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

| | | |
|-------------------------|------|------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 500. |
|-------------------------|------|------|

| Complete if Known | |
|--------------------------|--------------------------|
| Application Number | 10/606,501 (Conf. #6284) |
| Filing Date | 26 June 2003 |
| First Named Inventor | Janice A. JERDAN |
| Examiner Name | Fay, Z. |
| Art Unit | 1618 |
| Attorney Docket No. | 2422 US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 501051 Deposit Account Name: Alcon, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| - 20 or HP = | x | = | | 50 | 25 |
| HP = highest number of total claims paid for, if greater than 20. | | | | 200 | 100 |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = | x | = | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Transmittal Of Fee Under 41.20(b)(2)

Fee Paid (\$)

500.

SUBMITTED BY

| | | | |
|-------------------|-------------------|---|------------------------|
| Signature | | Registration No. (Attorney/Agent) 40,526 | Telephone 817-551-4321 |
| Name (Print/Type) | Teresa J. Schultz | <i>Teresa J. Schultz</i> | Date 13 Jun 06 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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